

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 09/02/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 09/05/2007						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8599	94	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	52	DUPLICATE OF CLAIM-SYSTEM	30	271	467	196
		79	52	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404904	WESTERN HIGHLAN DS LME	21	59	DUPLICATE OF CLAIM-SYSTEM				
		8564	33	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.	0	166	11034	10868
		8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910	PATHWAYS	11	176	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		5308	97	PRIOR AUTHORIZED UNITS EXCEED D	5	558	8623	8065
		21	67	DUPLICATE OF CLAIM-SYSTEM				
3404912	CATAMBA COUNTY ENTAL HEALT	11	143	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	56	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	231	3645	3414
		79	31	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404913	MECKLENBURG COM ENTAL HEALT	8505	3181	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	781	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4551	4678	127
		11	137	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404916	CROSSROADS BEHA VIOAL HEAL	8654	9	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
		191	6	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	31	6589	6558
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	11	610	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		23	80	SERVICE REQUIRES PRIOR APPROVA L	1	832	4908	4076
		8599	64	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	3858	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	233	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4216	4449	233
		21	38	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL L AREA MH D	21	34	DUPLICATE OF CLAIM-SYSTEM				
		79	14	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	74	6610	6536
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	11	243	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	70	DUPLICATE OF CLAIM-SYSTEM	0	460	5592	5132
		8599	47	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404923	FIVE COUNTY MH	8505	297	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	72	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	563	4173	3610
		11	52	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	7975	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	924	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	9	9366	10338	972
		11	181	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	SOUTHEASTERN RE G MENTAL HL	21	2683	DUPLICATE OF CLAIM-SYSTEM				
		8599	194	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	7	3375	7595	4220
		23	121	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M HC	11	331	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	483	2412	1929
		8800	37	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	11	34	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	34	53	19
3404931	WAKE CO HUM SVC BILLING OF	8599	214	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		27	141	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	62	1001	13652	12651
		21	109	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8564	37	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.	0	246	4124	3878
		21	28	DUPLICATE OF CLAIM-SYSTEM				
3404934	ONSLow CARTERET BEHAV HEAL	8599	89	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8535	60	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	345	1221	876
		8534	49	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	21	12	DUPLICATE OF CLAIM-SYSTEM				
		10	4	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID. DIAGNOSIS, PROCEDURE CODE FOR	0	20	3914	3894
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404939	EAST CAROLINA B EHAVIORAL H	27	594	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
		8534	386	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	1558	6164	4606
		8599	244	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	11	41	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		8599	22	DETAIL NOT COVERED BY COMBINAT	17	148	970	822
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	15	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPFS.				
3404944	EASTPOINTE HUMA	8533	9	SERVICE FACILITY LOCATION CANN				
	N SERVICES			OT BE AN ATTENDING PROVIDER				
				IDENTIFIED AS AN INDIVIDUAL.				
		8505	7	CLAIM DENIED DUE TO INSUFFICIE	0	25	1636	1611
				NT BUDGET				
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	8532	452	SUBMITTED BILLING PROVIDER IS				
	ENTAL HEALT			NOT ELIGIBLE FOR DATE OF				
				SERVICE BILLED				
		11	70	CLIENT NOT ELIGIBLE ON SERVICE	0	632	2844	2212
				DATE				
		8599	56	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404949	PIEDMONT BEHAVI	8535	1	SERVICE FACILITY LOCATION WAS				
	ORAL HEALTH			NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		0	0		0	1	1	0